

P96000065985

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FEB 24 PM 12:51  
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TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002433993--6

-02/18/98-01041-022

\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNION HEALTH MEDICAL ASSOCIATION, INC.  
(Corporation Name) (Document #)
2. Resignation of  
(Corporation Name) (Document #)
3. Officer  
(Corporation Name) (Document #)
4.  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
98 FEB 18 AM 11:33  
DIVISION OF CORPORATION

2/24/98  
Don  
Don  
Don  
Don  
Don

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

February 18, 1998

LAZARUS CORPORATE FILING SERVICE, INC.

TALLAHASSEE, FL

SUBJECT: UNION HEALTH MEDICAL ASSOCIATION, INC.  
Ref. Number: P96000065985

We have received your document for UNION HEALTH MEDICAL ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must file two different forms for what you are trying to do. I am enclosing the appropriate forms which shows the fee needed to file each of these documents.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 298A00009357

*\* Remove L.A. from title*

RECEIVED  
98 FEB 23 PM 3:23  
DIVISION OF CORPORATION

RECEIVED  
98 FEB 24 AM 11:15  
DIVISION OF CORPORATION

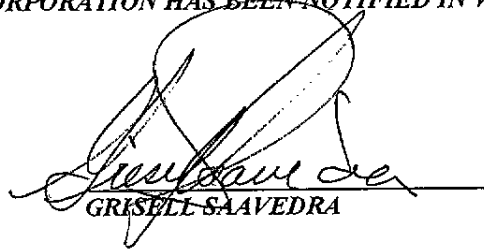
FLORIDA DEPARTMENT OF STATE  
AFFIDAVIT OF RESIGNATION OF OFFICER,  
DIRECTOR \_\_\_\_\_  
OF  
UNION HEALTH MEDICAL ASSOCIATION, INC.

FILED  
98 FEB 24 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF DADE

*I GRISELL SAAVEDRA AFTER BEING DULY SWORN, STATE THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND UNDER THE PENALTIES OF PERJURY, THE FOLLOWING IS TRUE AND CORRECT:*

**I GRISELL SAAVEDRA** *HEREBY RESIGN AS*  
**PRESIDENT\VPRESIDENT\SECRETARY AND DIRECTOR**  
*OF UNION HEALTH MEDICAL ASSOCIATION, a*  
**FLORIDA CORPORATION; THAT THE CORPORATION HAS BEEN NOTIFIED IN WRITING OF THE RESIGNATION.**

  
GRISELL SAAVEDRA

**SWORN TO AND SUBSCRIBED BEFORE ME THIS FEBRUARY 11, 1998.**

JOSE BOTELLO  
NOTARY PUBLIC

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signature of Notary Public State of Florida  
Print, Type or Stamp Name of Notary Public  
☒ Personally known to me or  
☒ Produced Identification  
Type of Identification \_\_\_\_\_